
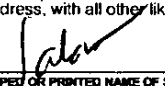


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90239 025 ***150.00

DOCUMENT # P02000033975 1. Entity Name WILLIAM R. SALAZAR, M.D., CHARTERED					
Principal Place of Business 3524-C TAMiami TRAIL PORT CHARLOTTE, FL 33962			Mailing Address PO BOX 510546 PUNTA GORDA, FL 33951-0546		
2. Principal Place of Business 2525 HARBOR BLVD		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT CHARLOTTE, FL.		City & State		4. FEI Number 01-0649401	
Zip 33962		Country U.S.A		Applied For <input type="checkbox"/> Not Applicable	
Zip 33962		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAPOLITANO, JOHN E ESQ 100 WALLACE AVENUE SUITE 240 SARAOSTA, FL 34237				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAZAR, WILLIAM R MD PO BOX 510546 PUNTA GORDA, FL 339510546	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  3/16/06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					